

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
STANDARD ANNULAR PRESSURE TEST

Operator	<u>Mid States Employment Svcs. LLC</u>	State Permit Number	<u>12576</u>
Address		EPA Permit Number	<u>MI-049-2D-0005</u>
		Date of Test	<u>12/12/2013</u>
Well Name & Number	<u>REEVES 1A</u>	Well Type	<u>2D</u>

Quarter	Quarter	Quarter	Section	Township	Range	Township Name	County	State
<u>SW</u>	<u>SW</u>	<u>NW</u>	<u>12</u>	<u>9N</u>	<u>8E</u>		<u>Genesee</u>	<u>MI</u>
GPS file number	Latitude	Longitude	Elevation					
	<u>43.19703</u>	<u>83.47799</u>						

Company Representative	<u>Gene Hardy</u>	Field Inspector	<u>Sam H. Williams</u>
------------------------	-------------------	-----------------	------------------------

GAUGE CERTIFICATION

Type Pressure Gauge Wika } 4 inch face 600 psi full scale 5 psi increments
 New Gauge? Yes ☐ No ☐ If no, date of calibration _____ Calibration certification submitted? Yes ☐ No ☐

TEST RESULTS

Time	<u>0</u>	<u>15</u>	<u>30</u>				
Annulus	<u>300</u>	<u>297</u>	<u>295</u>				
Tubing							

WELL STATUS

5 Year ☒ TD# 14-038
 2 Year TA ☐ TD# _____
 Rework after failure ☐ TD# _____
 New Permit ☐ TD# _____
 Enforcement Action ☐ TD# _____
 Annual Class 1 ☐ TD# _____

WELL CONFIGURATION

Casing Size 4 1/2
 Tubing Size 2 3/8
 Packer Type _____
 Packer set @ 2494
 Fluid Return (gal) 2 1/2

Test Pressures: Max. Allowable Pressure Change: Initial test pressure x .03 9 psi
 Test Pressure change -5 psi

Test Passed ☒ Test Failed ☐ : If failed test, well must shut in, no injection can occur, and USEPA must be contacted within 24 hours. Corrective action needs to occur, the well retested, and written authorization received before injection can recommence.

COMMENT:

Signature of Company Representative	Date
<u>Gene Hardy</u>	<u>12/12/2013</u>
Signature of UIC Field Inspector	Date
<u>Sam H. Williams</u>	<u>12/12/2013</u>